## SAMHSA-HRSA Center for Integrated Health Solutions Northeast PBHCI Regional Meeting August 19-20, 2015

## **EVALUATION FORM**

Your role in the PBHCI Grant Program:	
Your name (optional):	

Use the following scale to provide us feedback about the PBHCI regional meeting:

#### 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

1. I've gained practical ideas from members of the meeting that will help us advance our integration project.	1	2	3	4	5
2. This meeting was very worthwhile.	1	2	3	4	5
3. I'm leaving this meeting more energized and confident about our integration project.	1	2	3	4	5
The Center for Integrated Health Solutions helps us accomplish our project goals.	1	2	3	4	5
6. The meeting logistics (registration, meeting handouts, hotel hotel reservations, etc.) were organized well.	1	2	3	4	5

The following sessions were helpful to our integration goals:

### 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Creating a Culture of Wellness Across your Organization	1 2 3 4 5
The facilitator was engaging:	1 2 3 4 5
Creating a Culture of Wellness: Team Action Planning	1 2 3 4 5
Creating a Culture of Wellness: Team Reports	1 2 3 4 5
How are we Doing? Benchmarking Success in PBHCI	1 2 3 4 5
The facilitator was engaging:	1 2 3 4 5
A Critical Step to Sustainability: Uncovering the Actual Cost of Care	1 2 3 4 5
The presenter was engaging:	1 2 3 4 5

Team Time: Create Sustainability Goals	1	2	3	4	5
Tales from the Behavioral Health Integration Capacity Assessment (BHICA)	1	2	3	4	5
The presenter was engaging:	1	2	3	4	5

# **OPEN ENDED QUESTIONS**

6. The most important thing I learned from this meeting is:
7. The one thing I would like to change about regional meetings is:
8. My most pressing technical assistance need is:
9. The one change I will make to our program as a result of this meeting is:
10. Additional comments and feedback:

Thank you! We appreciate your feedback on how we can better meet your needs and support your PBHCI efforts.